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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/724,961	
	Filing Date	November 28, 2000	
	First Named Inventor	Schenk, Dale B.	
	Art Unit	1647	
	Examiner Name	Christopher J. Nichols	
Total Number of Pages in This Submission	3	Attorney Docket Number	15270J-004752US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Certificate of Correction (1 page); Certificate of Correction (1 page); and Return Postcard
<input type="checkbox"/> Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

Certificate
JUL 06 2005
of Correction

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Rosemarie L. Celli		
Date	June 22, 2005	Reg. No.	42,397

CERTIFICATE OF TRANSMISSION/MAILING			
Express Mail Label: EV 529 872 382 US			
I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Jordan Magat	Date	6/23/05

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PATENT
Attorney Docket No.: 15270J-004752US

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Assistant Commissioner for Patents
Washington, D.C. 20231

TOWNSEND and TOWNSEND and CREW LLP

By: 

In re application of:

Schenk, Dale B.

Patent No.: 6,743,427

Issued: June 1, 2004

For: PREVENTION AND TREATMENT OF
AMYLOIDOGENIC DISEASE

Examiner: Christopher J. Nichols

Art Unit: 1647

Customer Number: 20350

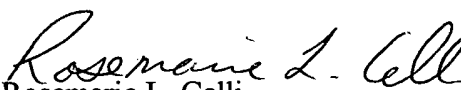
REQUEST FOR CERTIFICATE OF CORRECTION
UNDER 35 U.S.C. § 254 & 37 C.F.R. § 1.322(a)(1)

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Pursuant to 37 CFR §1.322(a)(1) Applicant submits a Certificate of Correction correcting printing errors made at the time of printing of the patent. No fee is required for this Certificate. The desired corrections are set forth on form PTO/SB/44, enclosed.

Respectfully submitted,


Rosemarie L. Celli
Reg. No. 42,397

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60504046 v1

JUL 07 2005

**UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION**

PATENT NO : 6,743,427
DATED : June 1, 2004
INVENTOR(S) : Dale B. Schenk

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Delete the title "Prevention and Treatment of Amyloidogenic Disease" and replace it with "Passive Immunization Treatment of Alzheimer's Disease"

MAILING ADDRESS OF SENDER: Rosemarie L. Celli
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PATENT NO. 6,743,427

No. of additional copies:



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